PTO/SB/05 (01-04) Approved for use through 07/31/2006. OMB 0651-0032

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

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UTILITY	Attorney Docket No.	WHB-32400		
PATENT APPLICATION	First Inventor	Michael D. Savagian		
TRANSMITTAL	Title	clip-on wire Identification Markers		
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.	EV405076695US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO:  Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450			
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 12 ] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure  4. Drawing(s) (35 U.S.C. 113) [Total Sheets 9]  5. Oath or Declaration [Total Sheets 2] a. Newly executed (original or copy)	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. Paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS			
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)  i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  6. Application Data Sheet. See 37 CFR 1.76	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other:			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:				
Continuation  Divisional  Continuation-in-part (CIP)  of prior application No.:  Prior application information:  Examiner  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.				
19. CORRESPONE	DENCE ADDRESS			
Customer Number: 022202	OR Correspondence address below			
Address Address				
City	State Zip Code			
	lephone Fax			
Name (Print/Type)   Alan E. Wagner   Registration No. (Attorney/Agent)   45188				
Signature alam C. Wagner	Date 3/16/04			
Wish L want				

This collection of information is required by 37 (FR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)
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Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 828.00

Complete if Known			
Application Number			
Filing Date			
First Named Inventor	Michael D. Savagian		
Examiner Name	•		
Art Unit			
Attorney Docket No.	WHB-32400		

Check Credit card Money Other Order None Order O	FEE CALCULATION (continued)			
Deposit Account:  Deposit Account:  Deposit Account:  Deposit Account:  Deposit Account:  Whyte Hirschboeck Dudek Sc. Name  The Director is authorized to: (check all that apply)  Charge fee(s) indicated below				
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12. EXTRA CLAIM FEES FOR UTILITY AND REISSUET				
Fee from 1501 1,330 2501 665 Utility issue fee (or reissue)				
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee				
Total Claims 21 -20** = 1				
Claims 2 -3" = 0 X OO = 10 1460 130   1460 130 Petitions to the Commissioner				
1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity   Small Entity   Fee Fee Fee Fee Description   1806 180 Submission of Information Disclosure Stmt				
Code (\$) Code (\$)  1202 18 2202 9 Claims in excess of 20  8021 40 8021 40 Recording each patent assignment per property (times number of properties)	0			
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1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be	$\neg$			
1204 86 2204 43 ** Reissue independent claims over original patent 1801 770 2801 385 Request for Continued Examination (RCE)	-			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent 1205 1802 900 Request for expedited examination of a design application	$\dashv$			
Other fee (specify)				
**or number previously paid, if greater; For Reissues, see above \$\text{SUBTOTAL (2)} \tag{\(\frac{1}{5}\) \tag{18.00}} \tag{*Reduced by Basic Filing Fee Paid} \text{SUBTOTAL (3)} \tag{\(\frac{1}{5}\) \tag{40.00}}				

SUBMITTED BY

Name (Print/Type)

Alan E. Wagner

Registration No. (Attorney/Agent)

Signature

(Complete (if applicable))

Telephone 414-273-2100

Date 3/16/nt

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